



Delaware City Refining Company LLC  
4550 Wrangle Hill Road  
Delaware City, DE 19706  
302.834.6000  
www.pbfenergy.com

30 December 2016

CMRRR 7011 1570 0002 7288 1921

Director, Office of Nuclear Material Safety and Safeguards  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

RE: Annual General License Registration Package for GL-704526-21

To Whom It May Concern:

Enclosed please find a reviewed and signed copy of NRC FORM 664 for the above-referenced general license.

Sincerely,

A handwritten signature in black ink, appearing to read "James Lee".

James Lee  
Industrial Hygienist  
(302) 834-6404

Enclosure(1):

- NRC FORM 664

cc: Richard Pyle  
Todd Bretz

Electronic file location -- V:\SAF\RIMS\SH-64-00 Radiation\SH-64-03 Sources-Devices



SECTION 1  
PAGE 1 of 2

U.S. NUCLEAR REGULATORY COMMISSION

## GENERAL LICENSEE REGISTRATION

**EXPIRES: 04/30/2016**

**Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.**

## SECTION 1 - GENERAL LICENSEE INFORMATION

**GL-704526-21**

Company Name: DELAWARE CITY REFINING CO LLC

[illegible]

Department: HEALTH SAFETY SECURITY

[illegible]

Address Line 1: 4550 WRANGLE HILL ROAD

[illegible]

Address Line 2: P.O. BOX 7000

[illegible]

City: DELAWARE CITY

[illegible]

State: DE

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Zip Code: 19706 -

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**Category:**

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**Packet Receipt Date (MMDDYYYY):**[illegible]

**Accession Number:**

[illegible]



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**SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

**Enter the name, telephone number and title of the person who is the responsible individual for the device(s).**

Last Name: PYLE

[illegible]

First Name: RICHARD

[illegible]

Middle Initial: A

1

Telephone: (302) 834-6000

[illegible]

Extension: 6444

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Title: CURRENT SAFETY OFFICER

[illegible]

**Enter the mailing address where correspondence regarding your device(s) should be sent.**

**This address should be specific to the use or storage location of your device(s).**

Department: HEALTH SAFETY SECURITY

[illegible]

Address Line 1: 4550 WRANGLE HILL ROAD

[illegible]

Address Line 2: P.O. BOX 7000

[illegible]

City: DELAWARE CITY

[illegible]

State: DE

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Zip Code: 19706 -

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### SECTION 3

PAGE 1 of 1

**Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.**

[illegible][illegible][illegible][illegible][illegible]

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(Received)

MM

DD

Y Y Y Y

Unit (e.g. mCi):

1.					
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[illegible]

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2.					
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[illegible]

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3.					
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[illegible]

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4.					
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[illegible]

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5.					
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[illegible]

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6.					
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[illegible]

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7.					
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[illegible]

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8.					
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[illegible]

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9.					
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[illegible]

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10.					
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[illegible]

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## SECTION 4

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## Part 1

Transfer Date:

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MM

DD

Y Y Y Y

**Location of the Device:**

- ☐ Whereabouts Unknown (complete Part 1 only)      ☐ Transferred to another general licensee (complete Parts 2 and 3)  
☐ Never Possessed the Device (complete Part 1 only)      ☐ Transferred to a Specific Licensee (Not the manufacturer)  
☐ Returned to Manufacturer (complete Part 1 only)      (complete Part 2)

**Part 2** License Number of Recipient (if transferred to a specific licensee):

[illegible]

Company Name:

[illegible]

Department:

[illegible]

Address Line 1:

[illegible]

Address Line 2:

[illegible]

City:

[illegible]

State:

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Zip Code:

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1

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### Part 3

**Enter the name of the individual responsible for this device:**

**Last Name:**

[illegible]

First Name:

[illegible]

Middle Initial:

5

Telephone Number:

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Extension:

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Title:

[illegible]



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## SECTION 5 - CERTIFICATION

SECTION 5  
PAGE 1 of 1

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.

(Copies of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



11/29/16

**SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)**

**DATE**

**WARNING:** FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.





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**SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION**

**SECTION 6**

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**NRC Device Key:**

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: